

FORM **5295** (REV. 06-2010)

1. NAME OF APPLICANT					
2. CONTACT PERSON	CONTACT PERSON				
4. APPLICANT'S ADDRESS					
Street, P.O. Box Number City			State	Zip	
5. TELEPHONE NUMBER		6. E-MAIL ADDI	RESS		
7. FINANCIAL INSTITUTION NAME		8. TELEPHONE NUMBER ()			
9. FINANCIAL INSTITUTION ADDRESS					
Street, P.O. Box Number	City		State	Zip	STAPLE VOIDED CHECK HERE
10. APPLICANT'S ACCOUNT INFORMATION					
ABA Routing Number		Account Number			
11. CHECK APPROPRIATE BOX					
I hereby authorize the Missouri Department of Revenue (department) to initiate an electronic debit from the account identified above for payment of license fees. I recognize that it is my responsibility to have the funds available in the account identified above for the withdrawal of my payment. I also understand that if the department cannot deduct the fee/penalty from my account because funds are unavailable, I will be subject to overdraft fees from my financial institution. I will also be charged a dishonored payment penalty by the department.					
I hereby cancel the authorization to electronically debit the account identified above.					
12. SIGNATURE OF APPLICANT					
13. PRINTED NAME OF APPLICANT					

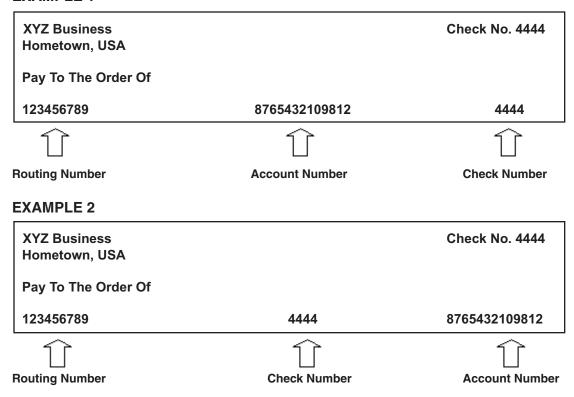
ACH DEBIT APPLICATION INSTRUCTIONS

Fields

- **1 6** Complete fields 1 through 6 with the pertinent applicant information.
- **7 9** Complete fields 7 through 9 with the applicant's financial institution information.
- **ABA Routing Number** Your financial institution's routing number is printed on the bottom left hand portion of your business or personal checks or deposit tickets. See examples 1 and 2 below.

Account Number - Your account number is printed on the bottom of your business or personal checks following the routing number. It may be the first series of digits after the routing number followed by the check number (Example 1), or it may be the series of digits which follow the check number (Example 2). NOTE: The check number is not included in the depositor account number.

EXAMPLE 1



Please verify your depositor account number and electronic routing number with your financial institution.

Attach a voided check to the application. This is necessary to verify the depositor account number, routing number, and financial institution.

- 11 Check the first box if you authorize the Department to electronically debit your account.

 Check the second box if you want to cancel your authorization to electronically debit your account.
- **12 13** Sign the form and provide a printed name of the signature.

SUBMIT THE COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

MISSOURI DEPARTMENT OF REVENUE INVESTMENT AND CASH MANAGEMENT OFFICE P.O. BOX 87 JEFFERSON CITY. MO 65105

CHANGE IN FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNT

Debits (withdrawals) will continue to be made from the designated account at your financial institution until the Missouri Department of Revenue is notified that you wish to redesignate your account and/or financial institution. To redesignate, complete and submit a new ACH Debit Application with the new information.